



WOODBIDGE SCHOOL DISTRICT

40 Beecher Road – South
Woodbridge, Connecticut 06525

Vonda J. Tencza – Superintendent
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Administration of Emergency Epinephrine

In regard to the administration of emergency epinephrine injection for my child, I hereby **DO NOT** give consent for my child/children _____ to receive this potentially life-saving medication in the event of a severe allergic reaction (anaphylaxis). I am aware that delaying or refusing this medication may allow the allergic reaction to progress to life threatening illness or death. I understand that the best practice recommendation for the use of injectable epinephrine is to administer this injection as soon as symptoms of anaphylaxis are recognized in an individual and emergency medical assistance is required regardless of the administration or non-administration of this medication.

Parent/Guardian Signature

Date